

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 749617

**Entity Name:** KIWANIS CLUB OF BONIFAY, FLORIDA**Current Principal Place of Business:**C-O SANDY SPEAR  
300 N WAUKESHA STREET  
BONIFAY, FL 32425**Current Mailing Address:**P.O. BOX 264  
BONIFAY, FL 32425**FEI Number:** 59-6153558**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOULD, RUTH M  
1944 COUNTRY CLUB DR  
BONIFAY, FL 32425 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** RUTH M GOULD

01/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           GOULD, RUTH M  
Address       P O BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           PAST PRESIDENT  
Name           OWENS, SHIRLEY  
Address       P O BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           PRESIDENT  
Name           HATFIELD, SHANLEY  
Address       P O BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           PRESIDENT ELECT  
Name           BELL, HARRY B III  
Address       P.O. BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           SECRETARY  
Name           SLAY, BETTIE  
Address       P.O. BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           DIRECTOR  
Name           MELDON, DONNA  
Address       PO BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           DIRECTOR  
Name           BELL, BRYAN  
Address       PO BOX 264  
City-State-Zip: BONIFAY FL 32425

Title           DIRECTOR  
Name           LAUEN, CHRISTOPHER  
Address       P.O. BOX 264  
City-State-Zip: BONIFAY FL 32425

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUTH GOULD

TREASURER

01/30/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SPEAR, SANDY  
Address P.O. BOX 264  
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR  
Name LEMIEUX, BRIAN  
Address PO BOX 264  
City-State-Zip: BONIFAY FL 32425

Title ASST. TREASURER  
Name COOK, CELENA  
Address PO BOX 264  
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR  
Name CARROLL, CATRINA  
Address P.O. BOX 264  
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR  
Name HUDSON, MIRANDA  
Address PO BOX 264  
City-State-Zip: BONIFAY FL 32425